

UNITED STATES DISTRICT COURT FILED
DISTRICT OF MASSACHUSETTS IN CLERKS OFFICE

CHARLES LANGONE, as FUND MANAGER
of the NEW ENGLAND TEAMSTERS AND
TRUCKING INDUSTRY PENSION FUND,

Plaintiff,

v.

M&R LEASING CORPORATION
Defendant.

2003 DEC 30 A 10: 29

U.S. DISTRICT COURT
DISTRICT OF MASS.

C.A. No. 03cv12528 MLW

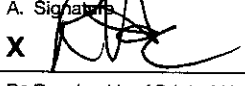
AFFIDAVIT OF SERVICE OF SUMMONS AND COMPLAINT


I am not a party to this action and am over 18 years of age and served the summons and the complaint in this action upon Joseph F. Penza, Registered Agent, M&R Leasing Corporation, 530 Greenwich Avenue, Warwick, RI 02886 and Pasco L. Izzo, President, M&R Leasing Corporation, PO Box 19226, Johnston, RI 02919 on December 22, 2003, by U.S. certified mail, return receipt requested. A copy of the original return receipts are attached hereto.

I declare under penalties of perjury that the foregoing is true and correct this 29th day of December 2003.



Michelle Diamond, Paralegal
Feinberg, Campbell & Zack, P.C.
177 Milk Street
Boston, MA 02109
(617) 338-1976

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Pasco L. Izzo, President M&R Leasing Corporation PO Box 19226 Johnston, RI 02919		B. Received by (Printed Name) Richard H. Izzo C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7003 1010 0001 0791 9465			
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Joseph F. Penza Registered Agent M&R Leasing Corporation 530 Greenwich Avenue Warwick, RI 02886		B. Received by (Printed Name) Kate Bernett C. Date of Delivery 12-22-03 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7003 1010 0001 0791 9472			
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540			